STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155176	A. BUILDING 00 B. WING	03/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBROOK REHABILITATION & SKILLED NURSING CENTER	3811 PARNELL AVE FORT WAYNE, IN 46805

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F0000	This visit was for the Investigation of Complaint IN00103717. Complaint IN00103717-Substantiated. Federal/state deficiencies related to the allegations are cited at F 323. Survey dates: March 6, 7, 2012 Facility number: 000092 Provider number: 155176 AIM number: 100266090 Survey team: Ann Armey, RN Census bed type: SNF/NF: 70 Total: 70 Census payor type: Medicare: 8 Medicaid: 55 Other: 7 Total: 70 Sample: 4 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on March 8,	F0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review in lieu of a post survey review on or after March 23, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	2012 by Bev Faulkner, RN			

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F0323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to provide adequate supervise to prevent a resident from leaving the facility unattended. This deficiency affected 1 of 1 resident reviewed, who left the facility unattended, in a sample of 5. (Resident #E) The clinical record of Resident #E was reviewed on 3/7/12 at 10:30 a.m., and indicated the resident was admitted to the facility on 11/19/10 with diagnoses, which included but were not limited to, schizophrenia, Parkinson's Disease, dementia and chronic obstructive pulmonary disease. Resident #E had a legal guardian appointed on 2/19/08. An Elopement Risk Assessment, dated 12/15/11, indicated Resident #E was not at risk for elopement. The Quarterly Minimum Data Assessment, dated 12/21/11, indicated the resident had no memory problems and required no staff assistance for transfer or	F0323	Free of accident hazards/supervision/devices: It is the practice of this facility to ensure that the resident environment remains free of accident hazards as is possible, and each resident receives adequate supervision and assistive devices to prevent accidents. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #E was immediately given a Wandergard upon return to the facility. Wandergard placement and function is checked every shift by charge nurse. Facility staff was immediately educated on February 2, 2012 following the incident in regards to location of resident and placement of wandergard. Resident #E was placed in the elopement profile book and elopement plan of care created by SS. Resident #E reminded of facility policy in regards to signing out with the charge nurse and leaving only with family, staff, or friends. A Speech Therapy screen initiated to evaluate problem solving, and decision making regarding safety	03/23/2012

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	ambulation. Social service notes, dated 2/2/12 at 8:47 p.m., indicated "Writer informed by nursing that resident's guardian called at approx. (approximately) 8:10 p.m. to say resident had walked away from facility and was at a friend's home. Guardian explained that resident's mother felt she knew where he was and was to assist in having the resident returned to the facility. Resident was returned to facility at 8:30 p.m. accompanied by his mother and father..." The note indicated the resident was placed on 15 minute checks and a wander guard was applied. Nursing notes, dated 2/2/12 at 10:10 p.m., indicated "...Res (Resident) family returned res (resident) to facility from elopement...Head to toe (assessment) done on res (resident). No red areas or bruises noted. Skin warm dry and intact. Res (Resident) has wander guard on left ankle...." The IDT (Interdisciplinary Team) note, dated 2/3/12 at 4:30 p.m., indicated the elopement incident on the evening of 2/2/12 was investigated. The IDT note indicated Resident #E was gone from 6:45 p.m. to 8:30 p.m., and decided to leave the facility because his friend did		on February 4, 2012. A care conference held on March 14, 2012 with resident family to discuss the new exit door code and not communicating the code to the resident upon exiting. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Elopement assessments completed on all residents in the facility on March 9, 2012 by DNS. Any residents considered at risk for elopement were given a Wandergard. Staff educated on Elopement Policy and Procedure and not communicating the code aloud to visitors and residents in an inservice on February 7, 2012 by DNS and/or designee and again on March 20, 2012. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? All doors exiting the facility had the codes changed and will be changed monthly by the Environmental Supervisor and/or designee. An elopement drill was performed on February 8, 2012 and will be held quarterly. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e..., what quality assurance program will be put in place? DNS and/or designee to perform a resident elopement and wandergard CQI weekly x 4 weeks, monthly x 3 months, and quarterly thereafter.	

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	not pick him up as planned. The note indicated "... He has been added to the Elopement Risk book for reception area and both nurses stations...ST (Speech Therapy) eval (evaluation) and treatment to occur to address cognition. Due to the resident having a guardian and issues with unsteady gait, he has been determined incompetent and will continue to be considered at risk for elopement." On 3/7/12 at 11:30 a.m., the ED (Executive Director) was interviewed. The ED indicated staff delivered the evening meal to Resident #E in his room at 5:45 p.m., but did not see him leave the facility and were not aware he was gone until the family called around 8:10 p.m. The ED indicated the resident went to his friend's house that was less than a mile from the facility. The ED indicated Resident #E told them he knew the door code and that was how he was able to leave the facility. The ED indicated all of the facility doors require a code to open and all are wander guard alarmed. She indicated the code on the door was changed after the incident. The ED indicated the incident was reported to the ISDH. The Missing Resident/Resident Elopement policy, revised 3/10, provided by the ED, was reviewed on 3/7/12 at		CQI findings to be forwarded to CQI committee monthly for review. An additional action plan will be developed for any findings below a threshold of 100%.	

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	2:00 p.m., and indicated, in part, "It is the policy of this facility that personnel who have residents under their care are responsible for knowing the location of those residents...." This Federal tag relates to Complaint IN00103717. 3.1-45(a)(2)			